

DEPARTMENT OF HEALTH SERVICES
OFFICE OF MEDI-CAL PROCUREMENT
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P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 323-7406



December 5, 1997

Dear Interested Parties:

MEDI-CAL/HEALTHY FAMILIES OUTREACH CAMPAIGN ADDENDUM NUMBER 1

Enclosed you will find Addendum Number 1 to the Medi-Cal/Healthy Families Outreach Campaign Request for Proposal (RFP). This incorporates a number of changes into the RFP which are published as replacement pages to the RFP.

In the event that Addenda require an addition of pages, the additional pages shall be numbered by a decimal point followed by a number, e.g., addition after page 2-78 will be 2-78.1. In order to configure your copy of the RFP so that it accurately reflects current requirements and considerations, you should remove existing pages and insert the appropriate substitute pages as indicated in the following table:

REMOVE EXISTING PAGES

Pages i - iii
Pages 1 - 11
Pages 14 - 19
Pages 24 - 27
Pages 30 - 39
Pages 42 - 53
Pages 56 and 57
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Attachment 2
Attachment 4

ADD NEW PAGES

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Pages 42 - 53.1
Pages 56 and 57
Pages 62 - 69
Attachment 2
Attachment 4

In this and subsequent Addenda, we will identify the changes by placing a bar by the paragraph or areas that were revised.

Interested Parties
Page 2

If you have any questions, please contact me at (916) 323-7406.

Sincerely,

O/S

Michael J. Neff, Chief

Enclosure

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TENTATIVE SCHEDULE OF EVENTS

<u>EVENT</u>	<u>DATE</u>
RFP Release	November 18, 1997
Proposers' Conference	November 24, 1997 9:30 a.m. - 3 p.m.
Deadline to Submit Written Questions and Request Clarification of the RFP	November 24, 1997 3 p.m.
Deadline to submit "Letter of Intent/Interest"	November 24, 1997 3 p.m.
Department Distributes Questions (if any) and Answers via FAX	December 5, 1997
Proposal Submission Deadline	December 19, 1997 3 p.m.
Mandatory Oral Interviews with Finalists (if conducted)	January 14 7, 1998 9 a.m. - 5 p.m.
Notice of Intent to Award Announced	January 23, 1998
Last Date to Submit Appeal	January 30, 1998
Tentative Contract Start Date	February 1, 1998

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I. BACKGROUND

A. Legislative Authority

In July 1965, the federal Social Security Act was amended to add Title XIX which established the state-option Medical Assistance Program known as Medicaid (Medi-Cal in California) to provide federal matching funds to implement a single comprehensive medical care program for eligible low-income individuals. In August 1997, the federal Social Security Act was amended to add Title XXI which established federal funds for the Children's Health Insurance Program. Healthy Families is the Title XXI program established in California to serve non Medi-Cal eligible uninsured children under 200% of the federal poverty level (FPL).

The Medi-Cal/Healthy Families Outreach and Education Campaign is a joint effort with the Managed Risk Medical Insurance Board (MRMIB) and the Department of Health Services. It is a community outreach and education campaign to help families learn about, and apply for, Medi-Cal and the low-cost children's health insurance program, the Healthy Families program of MRMIB. Also incorporated into this outreach campaign is the BabyCal Perinatal Outreach Campaign and the Medi-Cal Managed Care outreach and education campaign. The Medi-Cal/Healthy Families Outreach and Education Campaign will include the following media and outreach components:

Medi-Cal/Healthy Families Outreach and Education Campaign

The Medi-Cal/Healthy Families Outreach and Education Campaign was authorized by the Legislature in September 1997 after recent amendments to the Social Security Act, known as the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (Public Law 104-193). This Act delinked Medicaid and the former Aid to Families with Dependent Children's program which resulted in the loss of automatic Medicaid coverage for some individuals. This group of individuals is known as the Section 1931 group.

To address the Section 1931 group and the Title XXI population, a package of legislation created the Healthy Families program (implementation is scheduled for July 1998) and includes the following bills: Senate Bill (SB) 391 (Chapter 294, Statutes of 1997) ~~903 (Chapter 624, Statutes of 1997)~~ (Welfare and Institutions Code, Section 14067) which allocates funds for administrative costs to implement changes in Medi-Cal and to develop and operate the education and outreach campaign. Assembly Bill 1126 (Chapter 623, Statutes of 1997) allocated funds for delivery of health care services to non-Medi-Cal eligible, uninsured children 18 years of age or younger. AB 1572 (Chapter 625, Statutes of 1997) appropriates funds to MRMIB and DHS for administrative start-up costs for an education and outreach campaign. SB 903 (Chapter 624, Statutes of 1997) ~~391 (Chapter 294, Statutes of 1997)~~, specifically mandates that DHS develop and conduct a community outreach and education campaign to help families learn about and apply for Medi-Cal.

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BabyCal Campaign

BabyCal, a preventive public awareness program, was initially funded by State Tobacco Tax funds (Proposition 99) and matched with federal funds. The Campaign was first established in legislation passed in 1989. Assembly Bill (AB) 75 (Chapter 1331, Statutes of 1989), implemented the provisions of Proposition 99, including Section 14148.5 of the Welfare and Institutions Code, which expanded eligibility for pregnant women to include all women whose income is at or under 200% of the federal poverty level, and directed the Department of Health Services to provide outreach to high-risk, low-income pregnant women, to enhance participation and access to perinatal services. Based on this legislation, the Department, in coordination with MRMIB's Access for Infants and Mothers (AIM) program, developed a perinatal outreach campaign. AIM is designed for low-income (up to 300 percent of the federal poverty level) women and infants up to age 2 who cannot afford pregnancy care but make too much money to qualify for Medi-Cal. Subsequent legislation, AB 99 (Chapter 278, Statutes of 1991) and AB 816 (Chapter 195, Statutes of 1994) reauthorized provisions of Proposition 99. It should be noted that appropriation for funding for the current BabyCal Campaign has shifted to State General Fund with the enactment of SB 391 (Chapter 294, Statutes of 1997). From 1991 through 1996, the Department implemented this Campaign through a contract with Evans Group Advertising, a Los Angeles-based agency. The current contract is with Runyon, Saltzman and Einhorn (RS&E), a Sacramento-based agency.

Medi-Cal Managed Care Campaign

The impetus for Medi-Cal Managed Care began with the Waxman-Duffy Act in 1972 which was enacted to address problems in marketing, access, and quality. Over the past several years, the State of California has steadily increased its commitment to the large-scale expansion of managed care within the Medi-Cal Program in order to improve beneficiaries' access to quality preventive and primary health. Recent legislation includes AB 336, (Chapter 95, Statutes of 1991) which establishes a number of methods for informing Medi-Cal applicants and beneficiaries of their options for receiving Medi-Cal benefits in areas where Medi-Cal managed care plans are available. The current media campaign concentrates on the Department's implementation of managed care in Los Angeles County. This campaign is managed by RS & E.

B. The Problems to be Addressed by the Campaign

Medi-Cal/Healthy Families

Most uninsured children come from low-income families. Nearly 1.2 million children, or 75 percent of all uninsured children, live in families with incomes below 200 percent of the federal poverty level (FPL). An estimated 580,000 children in families with incomes

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between 100-200 percent of the FPL are uninsured and are among the most vulnerable of this population.

These families generally make too much money to qualify for free Medi-Cal, are employed in working class jobs that typically do not offer insurance, and cannot afford private health insurance. For these individuals, affordability remains a major obstacle to obtaining health care coverage.

The remaining ~~600,000-million~~ uninsured children may be eligible for (but not enrolled in) Medi-Cal because of one or more of the following barriers:

1. Resistance to applying due to the complex application process.
2. Awareness of eligibility but don't think they need it.
3. Unawareness of their Medi-Cal eligibility.

These families need to be informed about affordable, accessible preventive health care coverage for children and assisted in the application/enrollment process. The new Healthy Families, a low-cost State sponsored insurance program, will be launched in July 1998. Community outreach and education is slated to begin in May 1998 to pre-enroll families.

BabyCal

One of the Department's priority Year 2000 Objectives is to increase the proportion of women who receive prenatal care in the first trimester. While there have been steady improvements in rates of entry into prenatal care in California, currently more than one-fourth of women receive late (third trimester) or no prenatal care. Lack of prenatal care is a problem for many women, but is highest among low-income, younger women, African-American, Hispanic, and Native American women. Three-quarters of all newborn deaths are associated with low birth weight, one of the most common consequences of inadequate prenatal care. Infant mortality rates for African-Americans are more than twice for whites. Babies born to mothers who receive adequate prenatal care are nearly three times as likely to be born at an adequate birth weight-and nearly four times more likely to survive - than babies whose mothers received no prenatal care.

A number of barriers deter women from starting or continuing prenatal care. These include inadequate understanding of the importance of early and ongoing prenatal care; lack of awareness of the availability of State programs that can help; fear by teens that their pregnancy will be discovered; fear by substance abusing women that their baby will be taken away; and lack of access to Medi-Cal providers, transportation, childcare and health insurance. Prenatal care is extremely cost-effective. Cost benefit studies indicate that for every \$1 spent on prenatal care, more than \$3 is saved in costs associated with adverse birth outcomes. The costs for the babies who survive extends beyond neonatal intensive care costs to long term social services, special education needs, and ongoing health problems.

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While California's infant death rate decreased to 5.9 infant deaths per one thousand live births in 1996, down from 6.3 infant deaths per one thousand live births in 1995, there were still, however, 3,186 infant deaths in 1996. Continued efforts to reach the targeted groups will be the focus of this outreach campaign.

Managed Care

Managed Care addresses the lack of consistent access to quality preventive and primary health care by enrolling Medi-Cal beneficiaries in organized health delivery systems. There is often insufficient and/or inconsistent enrollment information for potential enrollees. Increase public awareness is needed for required Medi-Cal Managed Care enrollment in health plans.

C. The Current Campaign

Medi-Cal Children's Outreach:

Prior to implementation of the Healthy Families Campaign in May 1998, the Medi-Cal Children's Outreach Campaign is slated to be launched by February 19, 1998, as mandated by SB 391. The Medi-Cal Children's Outreach Campaign will be conducted by the current BabyCal Campaign contractor. Strategies developed for this campaign may be built upon for the ongoing Medi-Cal/Healthy Families Outreach and Education Campaign.

The BabyCal Perinatal Outreach Campaign (hereinafter referred to as BabyCal):

BabyCal is a statewide public awareness campaign to combat low birth weight and infant mortality. California's First Lady, Gayle Wilson, chairs the campaign which focuses on educating women about the importance of early and ongoing prenatal care and the availability of State programs to ensure healthier babies. BabyCal includes multi-lingual and ethnically-targeted advertising through television, radio, and other media, with messages about the importance of prenatal care and healthy behaviors; the development and distribution of companion print collateral; the Department's toll-free telephone number (**1-800-BABY-999**) that women can call for information and referral to State programs; distribution of multilingual print material to target women by 380 volunteer community-based organizations (CBOs); and corporate sponsorship and public relations, which includes extensive press coverage. Phase I of the campaign was conducted from 1992 through 1993; Phase II was conducted in 1994 and most recently Phase III of the campaign was launched in April 1995. Each phase of the BabyCal Campaign had a specific message, summarized below, and was built upon efforts of previous phases.

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| Phase I - | Get prenatal care; the State of California can help. |
| Phase II - | Get prenatal care; live a healthy lifestyle while pregnant (don't smoke, don't drink, don't use drugs); the State of California can help. |
| Phase III - | Focused messages directed to African American women and younger women, emphasizing the importance of early prenatal care and the availability of State programs that can help. |
| Phase IV - | Redirected the focus of the campaign on women of all ethnicities living in California. |

Managed Care Outreach and Education Campaign

The Managed Care campaign was launched in September 1997 in Los Angeles County to raise awareness of new Medi-Cal health care choices and to encourage recipients to choose a health plan and doctor that will provide ongoing access to critical health care services, such as early and ongoing prenatal care, well-child care, and other preventive health services.

This campaign utilizes English and Spanish radio advertising and outdoor/transit as well as posters in ten languages. This Managed Care campaign is planned to be expanded in early 1998 to five additional counties under an augmentation to the current BabyCal contract.

D. Campaign Results

Currently, the only existing campaign with data to evaluate is BabyCal.

BabyCal:

Evaluation of Phases I and II showed BabyCal to be highly effective, reaching an estimated 82% of the target audience. The advertising/promotion and many of the other BabyCal strategies were shown to have a direct relationship to the number of calls generated to the BabyCal toll-free telephone line. The 1994 campaign evaluation reinforced the previous evaluation results and indicated BabyCal is highly effective with nearly three-quarters of women remembering BabyCal messages without prompting. Nearly half the women (45.6%) surveyed said the BabyCal ads motivated them to make an appointment for prenatal care, and 48.1% of women reported trying to apply for Medi-Cal as a result of campaign messages.

The findings of the Phase III evaluation conducted in spring 1996 showed that BabyCal continues to be successful in meeting its goal to educate and motivate low-income pregnant women to get early and continuous prenatal care.

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- **With some prompting, 97% of respondents recalled BabyCal advertisements.**
- **Some 56% of respondents recalled and could describe specific advertisements, without aid.**

It is expected that Phase IV of the Campaign will be evaluated during Spring 1998.

II. PURPOSES AND OBJECTIVES

The overall purpose of this multi-faceted outreach and education campaign is to increase awareness of and enrollment in health care coverage available to low-income or uninsured individuals and families through targeted media, community outreach and education activities.

The Medi-Cal/Healthy Families Outreach and Education Campaign is a joint effort with the Managed Risk Medical Insurance Board (MRMIB) and the Department of Health Services. It is a community outreach and education campaign to help families learn about, and apply for, Medi-Cal and the low-cost children's health insurance program, the Healthy Families program of MRMIB. Also incorporated into this outreach campaign is the BabyCal Perinatal Outreach Campaign and the Medi-Cal Managed Care Outreach and Education Campaign.

The Department intends to award a contract for the Medi-Cal /Healthy Families Outreach and Education Campaign to the one entity that is determined to be the most responsive to the requirements of this RFP. The following are the primary purposes and objectives of each Campaign component:

Medi-Cal/Healthy Families Outreach and Education Campaign:

Purpose:

Develop and conduct a community outreach and education campaign to help families learn about, and apply for, Medi-Cal and the Healthy Families program of the MRMIB.

Objectives:

1. To demonstrate through targeted media strategies and outreach, the degree to which ~~families~~ **the beneficiaries** are influenced to:
 - a. Think about the importance of obtaining health care coverage for children up to age 19.
 - b. Apply for Healthy Families, Medi-Cal or other State programs that can help.

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- c. Make and keep appointments to receive preventive health care such as well-child exams, immunizations.
2. To maintain a high recognition of the importance of children's health care in the general community and among those in the community that may influence low-income families, by involving community--based- ~~programs~~ organizations ~~into~~ assisting in the application/enrollment process.
3. To increase awareness among low-income families of the availability of State programs such as Healthy Families and Medi-Cal for children's health coverage.
4. To provide application assistance for enrollment in Healthy Families and Medi-Cal, and provide referrals to other State programs.

BabyCal Campaign:

Purpose:

To educate high-risk low-income pregnant women about the importance of early and ongoing prenatal care, healthy behavior, and the availability of State programs that can help.

Objectives:

1. To demonstrate, through targeted media strategies, the degree to which pregnant women are influenced to:
 - a. Think about the importance of obtaining prenatal care services;
 - b. Apply for Medi-Cal, AIM, WIC or other State programs that can help;
 - c. Make an appointment and receive prenatal care during pregnancy;
 - d. Make an appointment and receive prenatal care within the first trimester of pregnancy;
 - e. Become more aware of the harm of smoking, drinking alcohol and using drugs during pregnancy.
2. To maintain a high recognition of the importance of early and ongoing prenatal care in the general community and among those in the community who may influence low-income pregnant women (e.g., other family members, friends, and clergy), using a mix of outreach strategies, including media, advertising, public relations, and distribution of collateral material by community-based organizations.

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3. To increase awareness among low-income pregnant women of the availability of State programs that can help, such as Medi-Cal and AIM.

Medi-Cal Managed Care/Campaign:

Purpose:

To educate and inform Medi-Cal beneficiaries about choosing a managed care health plan and doctor or clinic.

Objectives:

1. To create an integrated message in all mediums that will increase Medi-Cal beneficiaries' awareness of Medi-Cal health care choices and to encourage beneficiaries to choose a health plan and doctor or clinic. Provide ongoing access to critical health care services, such as early and ongoing prenatal care, well-child exams, and other preventive health services.
2. To demonstrate, through targeted media strategies and outreach, the degree beneficiaries are influenced to:
 - a. Become aware of the need for information to help enroll in one of the Medi-Cal Managed Care health plans.
 - b. Become aware that the State of California Health Care Options (HCO) can help the beneficiary make the choice.
 - c. Make an active choice of a health plan, and feel assured of access to health care and preventive health services for themselves and their families.

III. SCOPE OF FUNDING AND CONTRACT TERM

As with all State contracts, funding for this contract is based on fiscal year ~~appropriations~~~~allocations~~, and is contingent upon approval of funding by the Legislature and the federal government. Subject to the approval of funding, a maximum of \$896,500,000 is anticipated to be available to support the activities and services sought in this RFP. The term of the resulting contract will be from February 1, 1998, through June 30, 2001.

For the initial phase of the ~~contract~~~~Campaign~~, February 1, 1998 through June 30, 1998, up to \$5,200,000 is expected to be available for developing and producing outreach materials for the May/June launch of the Medi-Cal/Healthy Families Campaign (approximately \$3.2 million) and for community-based program outreach (approximately \$2.0 million). Funding in subsequent years is subject to availability of funding and enactment of the

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budget legislation containing additional expenditure authority. Funding in subsequent fiscal years is also subject to the contractor's successful performance. For fiscal year July 1, 1998 through June 30, 1999, up to \$2~~67~~,100,000 is expected to be available. For fiscal year July 1, 1999 through June 30, 2000 up to \$2~~87~~,600,000 is expected to be available. For fiscal year July 1, 2000 through June 30, 2001, up to \$2~~87~~,600,000 is expected to be available. The anticipated combined total for the four fiscal periods is up to \$8~~96~~,500,000. These amounts may be revised via a RFP addendum should more information regarding anticipated expenditures for fiscal year July 1, 1998 through June 30, 1999 and subsequent years become available.

Qualified firms interested in submitting a proposal are to develop a proposal based upon a 41-month program for a total cost of not greater than \$8~~96~~,500,000. In this RFP solicitation, cost proposals will not be evaluated on a low-bid basis, but by their consistency with the RFP objectives and reasonableness of the proposer's campaign strategies. The Department, in this Campaign, is seeking a Contractor that can achieve the greatest results and offer the most Campaign exposure with the full amount of funds allocated for this project. The anticipated fiscal year budget for each campaign component follows:

Fiscal Year	FY— 97-98	FY— 98-99	FY— 99-00	FY- 00-01
Medi-Cal/Healthy Families (begins 2/1/98)	\$5,200,000	\$ 2019 ,700,000	\$ 2019 ,700,000	\$ 1920 ,700,000
BabyCal (begins 9/1/98)	\$ 0	\$4,500,000	\$6,000,000	\$6,000,000
Medi-Cal Managed Care (begins 7/1/98)	\$ 0	\$1,900,000	\$1,900,000	\$1,900,000
Total	\$5,200,000	\$2 76 ,100,000	\$2 87 ,600,000	\$2 78 ,600,000

IV. COST OF DEVELOPING PROPOSALS

Regardless of the outcome of this RFP process, the cost of developing the proposal, including attendance at the Proposers' Conference, is entirely the responsibility of the proposing agency and shall not be chargeable to the State of California or included in any cost elements of the proposal.

V. PROPOSERS' CONFERENCE/DATA LIBRARY

A voluntary Proposers' Conference will be convened in Sacramento on Monday,

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November 24, 1997 beginning at 9:30 a.m. until noon, to be held at:

Department of Health Services
Main Auditorium
744 P Street
Sacramento CA 95814

See Appendix 1 for directions to the Proposers' Conference.

One purpose of the Proposers' Conference is to clarify the content of this solicitation package. It is not intended to provide technical assistance to proposers on how to prepare their proposal packages nor is it intended to add information to this RFP.

Another purpose of the Proposers' Conference is to answer previously submitted written questions; to clarify any ambiguities; to accept written questions and to answer verbal inquiries at the conference and/or to take questions under submission to be answered in writing at a later time. Proposers who have specific questions are urged to submit them in writing prior to the date specified in the instructions in Section VI of this RFP.

The Department reserves the right to determine, at its sole discretion, which questions will be answered verbally at the Proposers' Conference and which questions will be answered in writing following the conference. Any verbal answers or remarks made by the Department at the Conference, either voluntarily or in response to a proposer's questions, will not be binding upon the Department.

In addition to responding to questions and clarifying the requirements of this RFP, selected media samples from the current BabyCal Campaign and Medi-Cal Managed Care Outreach and Education Campaign will be available for viewing during the Proposers' Conference. Selected TV and radio spots will be shown ~~only~~ at the Conference and will begin at approximately 12:00 noon and end at 3:00 p.m.. Written materials, such as campaign evaluation summaries, will be available and on display ~~only~~ during the Conference. Copies of selected print collateral (described in the Scope of Work section of the RFP), such as posters and brochures, will also be available for viewing by prospective proposers ~~only~~ at the Proposers' Conference.

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In addition, the Department will be opening a Data Library for the sole use of proposers. The Data Library is scheduled to open December 10, 1997. The program-related information to be included in the Data Library was requested by a number of potential proposers at the Proposers' Conference. The Data Library will be maintained on the premises of the Office of Medi-Cal Procurement. The Data Library contains information on the BabyCal Campaign and the Medi-Cal Managed Care Outreach Campaign, including samples of work products, media buy information, and evaluation reports.

The Data Library will be open by appointment only on State workdays, between the hours of 8:30 a.m. to noon and 1 p.m. to 4 p.m. Appointments to access the Data Library may be made by contacting Valerie Campoy at (916) 323-7454. Phone calls ONLY will be accepted for appointments. The Office of Medi-Cal Procurement is located at 700 North Tenth Street, Suite 102B, Sacramento, CA 95814.

Proposers desiring to use the Data Library will be required to complete a Data Library Access/Usage Agreement at the time of their appointment. Some information that proposers may determine useful in preparing proposals may not be included in the Data Library but is available from other governmental agencies. Proposers should contact those agencies directly.

If, for any reason, it becomes necessary for the Department to amend or modify this RFP prior to the date of the Proposers' Conference, the Department will issue an addendum to this RFP and send it to all persons and/or entities who were sent copies of the RFP, and who submitted Letters of Intent. Addenda issued subsequent to the Proposers' Conference will only be sent to those organizations who submit a Letter of Intent/Interest.

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Provided below are descriptions of the three separate campaign components (Medi-Cal/Healthy Families Outreach and Education; BabyCal Campaign and Medi-Cal Managed Care Outreach and Education Campaign) outlining key messages, key program elements, campaign target groups, specific activities to be performed, and mandatory deliverables.

A. Medi-Cal/Healthy Families Outreach and Education Campaign

1. Key Messages

Key messages for the Healthy Families Outreach and Education Campaign are:

- Health care is important for you and your children.
- Health care coverage can provide important preventive health care to keep your children healthy.
- Health care coverage for children is now more accessible.
- The State of California has programs like Medi-Cal and the new Healthy Families Program that can help.
- Simplified application process makes it easier for families to enroll.
- Call 1-800 XXX-XXXX for more information.

2. Key Program Elements

The Healthy Families Campaign component will be composed of the following key elements:

- a. Coordinated efforts with established community-based programs that deal with families of potentially-eligible children. Included in the definition of community-based programs are traditional providers such as Department of Education, Head Start, Healthy Start, school-based clinics, Women Infant and Children (WIC) programs, Maternal Child Health (MCH) programs, Child Health and Disability Prevention (CHDP) Programs, county health and social service departments, pre-schools, child-care organizations, parent teacher associations, religious organizations, grass-root organizations, and other community-based organizations that deal with children. These community-based programs will be trained to work with families on an individual level to explain what must be done to obtain health care coverage for children through the Medi-Cal or the new Healthy Families programs. These community-based programs will also help families understand all the necessary steps to access a health care provider.

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The Medi-Cal/Healthy Families Campaign contractor will assume all administrative responsibility including, but not be limited to, developing and monitoring contractual relationships with community-based programs, based on selection criteria provided by the Department, to ~~perform~~assist in client outreach, education and successful Medi-Cal and Healthy Families enrollment~~application completion process~~ using a new simplified application form to be released by the Department in May 1998. These contracts with ~~Once an applicant for Medi-Cal is determined eligible the~~ community-based programs will be performance based in a manner to be receive an assistance fee (as specified by the Department) ~~from this contract~~. Initially, the Department has determined that at least 60 percent of the Medi-Cal/Healthy Families Outreach and Education Campaign budget will be allotted to community-based programs. This budget allocation will be evaluated and adjusted by the Department every six months. ~~Contract hourly rates, commissions, and fees may not be applied to this Community Outreach and Education function.~~ (See Section X, Cost Proposal and Budget Justification)

The following entities will be eligible to subcontract as community-based programs:

- -a licensed day care operator
- a direct state maternal and child health contractor
- a tax-exempt faith-based organization
- a WIC contractor
- a school district
- a parent-teacher organization
- a county department, except those departments which provide health, dental or vision care to children
- any organization meeting all of the following criteria:
 1. the organization, through its normal course of business, has significant interaction with children or parents of children who are the target market for this program;
 2. the organization is not currently under contract with the Managed Risk Medical Insurance Board;
 3. the organization is not a licensed health, dental or vision plan or a county organized health plan, or an organization providing health, dental, or vision care to children;
 4. the organization has a federal Tax Identification Number; and
 5. the organization is a bona fide non-profit entity as determined by the Internal Revenue Service.

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As noted above, health plans and providers are specifically excluded from consideration as subcontractors.

The Department will review the scope of the Contractor's subcontracts to ensure they provide adequate cultural, linguistic, and geographic coverage. The Department will also provide the Contractor with criteria for weaning out non-performing subcontractors.

- b. An outreach and education media campaign utilizing television, radio, print, outdoor advertising and a statewide toll-free information service to communicate the campaign's key messages. All materials reference the program's toll-free information line to target audiences.
- c. Collateral materials (brochures and posters) in up to ten languages which provide more detailed information on the campaign's key messages and references the program's toll-free line, will be distributed to the target audience by community-based programs. Training materials will be needed, such as lesson plans and presentation curriculums for community-based programs to use as guidelines in conducting outreach and education, and assisting families in completing the Medi-Cal application and Healthy Families program enrollment forms.
- d. Public relations efforts promoting the key messages of the campaign through:
 - i. Participation in statewide and local special community events.
 - ii. Press releases on the Department's improved health coverage programs for children.
 - iii. Editorial placements and/or coverage in both major urban and rural areas.
 - iv. Involvement of public and corporate sponsors which may include spokespersons.

3. Campaign Target Groups

- Low-income, ethnically and linguistically diverse California families, up to 200 percent of the federal poverty level.

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- Families with uninsured children, 1-18 years of age, who are potentially eligible for the Medi-Cal or Healthy Families Programs.
- Families without knowledge of, or access to, available health care coverage for their children.
- Potentially-eligible youth, 16-18 years of age who may be living independently.

4. Specific Activities to be Performed

Once the Medi-Cal/Healthy Families contract is awarded, The Contractor will be required to analyze the strategies developed for Medi-Cal Children's Outreach Campaign that is slated to be launched in February 1998 and, if deemed successful by the Department, build upon them in developing the first phase of the ongoing Medi-Cal/-Healthy Families Outreach and Education Campaign.

The Contractor will assume responsibility for the Medi-Cal/Healthy Families Campaign component on February 1, 1998. The proposer must address the following Scope of Work for the 41-month period (February 1, 1998 - June 30, 2001) in response to this RFP by developing an overall work plan that best addresses the Campaign's objectives and includes activities outlined below. The work plan must follow the timeline indicated in Section 5 below, (Mandatory Deliverables), and provide an estimated timeframe by month for each activity.

Each component of the overall work plan must clearly indicate which Campaign objective(s) it supports.

Upon prior approval of the Department, the contractor will be responsible for, but not limited to, the following Scope of Work campaign components and deliverables:

a. Coordinated Efforts with Established Community-Based Programs

- Develop and implement a plan to administer and implement the community-based outreach and education program.
- Develop and implement statewide community-based program recruitment activities; implement selection develop-criteria developed by the Department to ensure that a diverse cultural, linguistic and geographic mix of broad cross-section of the targeted populations are reached by the community-based programs that have a trust relationship with the target population; design and implement a recruitment application form; develop community-based program responsibilities.

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- Develop and implement community-based program certification and training of program staff; including instructional materials and training community-based programs in enrolling potentially eligible families into the Medi-Cal or Healthy Families programs.
- Develop and implement program monitoring and reporting requirements, reimbursement structure and payment procedures to pay community-based programs for assisting families with the Medi-Cal and Healthy Families -application process; and program evaluation.

b. Target Audience Media Outreach

- Conceptualize, develop, pre-test, produce and implement a comprehensive media campaign primarily directed at targeted families.
- Conceptualize, develop, pre-test, produce and implement customized media campaigns to reach specific targeted subgroups developing and utilizing strategies that are culturally appropriate to the primary target audience. All proposed strategies must include the justification for the selected approach (i.e., cultural beliefs, norms, etc.)
- Conceptualize, develop, pre-test and produce English and Spanish language TV and radio; and, outdoor advertisements in up to ten languages.
- Develop and implement a plan to conceptualize, develop, pre-test, produce and place print advertisements targeting primary subgroup populations.
- Develop and implement a cost effective statewide media mix of television, radio, print and outdoor advertising to best reach the target audience.
- Develop and implement a plan for incorporating existing materials in the Campaign such as English and Spanish radio advertising.
- Develop and implement a creative consistency work plan incorporating all Campaign elements such as messages, slogan and logo.
- Utilize market and health research regarding the target populations, and incorporate this research into overall strategic campaign planning, including messages, promotions and products.

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- Conceptualize, develop, pre-test, produce and distribute new Campaign outreach collateral materials to community based programs for their use with targeted families. This may include brochures and posters in up to ten languages as directed by the Department. Describe in your plan how you will ensure appropriate literacy levels, culturally competent and linguistically appropriate materials. A limited supply of Healthy Family Program brochures and enrollment forms will be available for distribution to community-based programs. Reproduction of additional materials may be required by this contract to ensure community-based programs have an adequate supply. Alternatively, these may be available from the Healthy Family Program at cost.
- Develop and implement a plan to conceptualize, produce and distribute, within available funding, special incentive items to encourage application/enrollment, and good preventive health practices. These items may include children's health records/journals for families; calendars, refrigerator magnets with special messages, children's growth charts, etc.
- Develop and implement a plan to provide all interested community based programs such as WIC sites, CHDP clinics, etc. with copies of Healthy Families component campaign advertising (e.g., TV ads and PSAs) that may be viewed in their lobbies and waiting rooms.
- Develop and implement a plan to provide community-based programs with specific outreach materials and training for materials, such as a campaign media kit, a local event promotion guide, or other promotional materials for use and reproduction by these community-based programs.

c. Public Relations and Sponsorship

- Develop and implement an ongoing public and media relations campaign to increase and maintain campaign visibility that emphasizes the importance and availability of children's health care coverage before California media, California provider community, and California public. Maintain emphasis on broadcast media coverage,

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and placements of articles in appropriate newsletters and publications. Recommend and obtain participation of appropriate Campaign spokesperson(s), celebrity spokespersons or other appointed Campaign spokesperson(s) determined appropriate by the Department.

- Develop strategies for expanding community and media relations activities at the state and local level. Include proposed events, locations, local personalities, celebrity spokespersons, promotions, editorial placements and expected outcomes. Emphasize community based program accomplishments and identify target populations to be involved. This activity must be coordinated in conjunction with the Department's Office of Public Affairs.
- Identify opportunities to promote the Healthy Families Campaign by linking with existing events, programs or projects, such as "Child Health Month" and "African American Infant Health Week," or create public relations linkages with other, similar campaigns that occur statewide or in specific communities such as the BabyCal Campaign, MRMIB/AIM, etc.
- Develop cooperative or co-sponsored advertising or promotional opportunities with business corporations, advertising/marketing agencies, or other appropriate organizations or agencies that will extend the value of the campaign.

d. Campaign Evaluation and Strategic Planning for Next Phase of Campaign

- Develop and implement strategies for evaluating the effectiveness of Campaign activities and products on awareness, attitudes and behavior of the target group. In an effort to ensure the evaluation is separate and independent, the contractor is required to subcontract with a qualified research firm or research consultant to undertake the evaluation. The Department shall approve the research firm prior to any work being performed. The Department shall own all property rights, including copyright, to all work products, including underlying data, databases and database systems, which are prepared by the research firm. All work products shall be submitted directly to the Department by the research firm. The Contractor may receive a

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concurrent copy, but shall not preview the study results, nor receive an advance copy of the study.

- Based on ~~the Phase I~~ evaluation, community-based program feedback, input from Campaign advisors, primary and secondary research and identified barriers to motivators for accessing children's health care coverage, develop new strategies, achievable objectives and work plan for the next ~~P~~phases of the Medi-Cal/Healthy Families Education and Outreach Campaign.

e. Toll-free Information Service

- Develop and implement a statewide toll-free information service with language capability in up to ten languages to provide information about children's health care coverage available through Medi-Cal and the Healthy Families programs. Provided below are required features:

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- Develop and implement a plan to conceptualize, develop, pre-test, produce and place print advertisements targeting primary subgroup populations, such as African Americans and non-English speaking Asian women.
- Develop and implement a cost effective statewide media mix of television, radio, print and outdoor advertising to best reach the target audience.
- Develop and implement a plan for incorporating existing materials in the Campaign such as BabyCal English and Spanish TV and radio advertising, as well as maintaining the Campaign slogan and logo in the ongoing campaign.
- Examine and negotiate current talent (i.e., Screen Actors Guild/American Federation of Television and Radio Artists), and residual agreements, and present options and recommendations for optimizing efficient use of campaign resources.
- Utilize market and health research on the target populations, and incorporate into overall strategic campaign planning, including messages, promotions and products.

b. BabyCal Network of Community-Based Organization (CBO) Participation and Special Projects.

In addition to media outreach, CBOs that serve targeted women may voluntarily agree to participate in the Campaign outreach by distributing and displaying BabyCal posters and brochures. The CBOs are not reimbursed for their outreach efforts by BabyCal, however the Campaign furnishes multilingual print materials and client incentives to CBOs without charge. To date, more than 380 traditional providers and CBOs throughout the State have joined the BabyCal Campaign's CBO network.

These include county health departments, county social services departments, hospitals, clinics, Head Start and other child care programs, Women, Infants and Children (WIC) programs, school-based pregnant minor programs, refugee resource centers, and churches. (See Appendix [2](#), [BabyCal CBO List](#) ~~Campaign Summary~~ for [a](#) partial list of CBOs).

- Continue enrollment of new CBOs into BabyCal's current pool of CBO participants with an emphasis on areas in the State or populations that are underserved. Maintain BabyCal visibility at the local community

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level through presentations and participation at conferences such as the annual Maternal Child Health (MCH) and WIC Conferences.

- Develop and implement a plan to maintain continued inventory and distribution of current collateral materials (posters and brochures), as well as any future materials to the Campaign's existing statewide network of volunteer CBOs.
- Develop and implement a plan to provide ongoing communication with CBOs that includes: 1) CBO feedback on existing and proposed BabyCal materials to ensure materials provide information needed in their local outreach services to pregnant women, 2) information from CBOs on their activities to highlight in Campaign quarterly newsletters and future public relations opportunities, 3) quarterly newsletters or other correspondence to inform CBOs of Campaign activities, 4) schedule meetings with CBOs when deemed appropriate.
- Conceptualize, develop, pre-test and produce new Phase V Campaign outreach collateral materials to be distributed by CBOs to targeted women. This may include brochures and posters in up to ten threshold languages, as directed by the Department based on CBO feedback. Include a description of your plans to ensure appropriate literacy levels, culturally competent and linguistically appropriate materials.
- Develop and implement a plan to conceptualize, produce and distribute, within available resources, special patient incentive items to encourage optimum prenatal care visits, such as Mom and Baby T-shirts, bibs, or, in targeted communities, implement a sponsorship effort to provide other necessary baby care items.
- Develop and implement a plan to provide CBOs with specific outreach materials and training materials, such as a campaign media kit, a local event promotion guide, or other promotional materials for use and reproduction at the local level.

c. Public Relations and Sponsorship

- Develop and implement an ongoing public and media relations campaign to increase and maintain campaign visibility and emphasize the importance of early and continuous prenatal care before California media and the public. Maintain emphasis on broadcast media coverage, participation of BabyCal Chairperson, Mrs. Wilson, celebrity spokespersons or other appointed Campaign spokesperson(s) determined by the Department.

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- Develop strategies for expanding community and media relations activities at the state and local level. Include proposed events, locations, local personalities, celebrity spokespersons, promotions, editorial placements. Emphasize CBO accomplishments and identify target populations to be involved. This activity is coordinated in conjunction with the Department's Office of Public Affairs.
 - Identify opportunities to promote the BabyCal Campaign by linking with existing events, programs or projects, such as "Child Health Month" and "African American Infant Health Week," or create public relations linkages with other, similar campaigns such as the new Healthy Families campaign that occur statewide or in specific communities.
 - Develop cooperative or co-sponsored advertising or promotional opportunities with business corporations, advertising/marketing agencies, or other appropriate organizations or agencies that will extend the value of the campaign. For example, in the past the Campaign has secured pro bono statewide outdoor advertising space. Current sponsorships include northern California supermarkets Raleys/Bel Air, southern California Hughes Family Markets, Solano County Transit and the Sacramento Monarchs (Women's National Basketball Association).
- d. Campaign Evaluation and Strategic Planning for Phase (VI) of Campaign
- Develop and implement strategies for evaluating the effectiveness of Phase V outreach materials on awareness, attitudes and behavior of the target audience. In an effort to ensure the evaluation is separate and independent, the contractor will be required to subcontract with a qualified research firm or research consultant to undertake the evaluation. The Department shall approve the research firm prior to any work being performed. The Department shall own all property rights, including copyright, to all work products, including underlying data, databases and database systems, which are prepared by the research firm. All work products shall be submitted directly to the Department by the research firm. The Contractor may receive a concurrent copy, but shall not preview the study results, nor receive an advance copy of the study.
 - Based on Phase V evaluation, CBO feedback, input from Campaign advisors, primary and secondary research and identified barriers to motivators for prenatal care, develop new strategies, achievable objectives and work plan for Phase (VI) of BabyCal.

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5. Mandatory Deliverables

<u>Date</u>	<u>Mandatory Deliverable Item(s)</u>
September 1-30, 1998	Transition period. Contractor meets with the Department's BabyCal staff and previous contractor to initiate transition activities between contractors.
October 1, 1998	Contractor assumes full responsibility for ongoing contract.
October 1, 1998	Contractor notifies CBOs about print material availability and distribution procedure.
October 5, 1998	First weekly activity report due.
October 16, 1998	Draft Campaign work plans for 1998-99 Advertising, CBO, and public relations plans due.
October 30, 1998	Initial media buying work plan due for review and approval.
January 8, 1999	Revised work plans for Phase V due.
January 18, 1999	Deadline for existing broadcast media to begin re-airing.
June 1, 1999	Phase V creative concepts due.
July 1, 1999	1999-2000 Work plans for Media, CBO and public relations due.
August 16, 1999	Annual summary due.
September 1999	BabyCal Phase V Production.
December 1999	Launch Phase V of BabyCal.
July 3, 2000	2000-2001 work plans for Media, CBO and public relations due.

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- Develop and implement a cost effective media mix that includes radio, outdoor advertising, collateral materials and print advertising.

5. Mandatory Deliverables

<u>Date</u>	<u>Mandatory Deliverable Item(s)</u>
June 15, 1998	Contractor transition.
July 1, 1998	Contractor assumes responsibility for this component.
July 6, 1998	First weekly activity report due.
July 15, 1998	Draft advertising and collateral work plans including media buy work plan due.
September 1998	Contractor initiates new work or continues existing outreach activities.

D. Reporting Requirements

Because the three distinct campaigns contained in this Medi-Cal/Healthy Families Outreach and Education RFP are so comprehensive and complex, it is critical that a management, monitoring and reporting plan be developed in cooperation with Department staff. The Department may adjust the frequency of required reporting as needed.

1. The Contractor will be required to submit a written ongoing activity report on a weekly basis. The activity report should contain a list of all activities currently in progress with respect to deadlines and target dates. The activity report should also highlight any deviations from the budget as they are anticipated and prior to committing any funds to the project.
2. The Contractor will also be required to keep designated Department staff verbally informed of work progress, as often as deemed necessary by the Department, but no less than twice per week. Effective communication is vital to the success of all three campaign components, and it is the Contractor's responsibility to communicate with Department staff both clearly and in a timely, proactive manner, regarding issues such as:
 - delay in deliverables;
 - budget line-items/project budget issues; and,
 - recommended changes in direction that are time-critical.

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3. The Contractor will be required to submit detailed quarterly budget and expenditure reports within two weeks after the end of each quarter for each of the three Campaign components. On a monthly basis, for the Medi-Cal/Healthy Families Campaign, the contractor will be required to submit expenditure reports for payments made to community-based programs that assist families that are determined Medi-Cal eligible with the application completion process. Supplementary periodic updates may be required as deemed necessary by the Department.
4. The Contractor will be required to provide complete Campaign activity documentation to the Department for use in preparing management and other reports, including reports to the Legislature on the Campaign's effectiveness and the cost-effectiveness of the Campaign's efforts. The Contractor will provide the Department with annual campaign summaries at the conclusion of each fiscal year and maintain and update the Department's Campaign source book (s) used as a basis for speeches, etc.
5. The Contractor's key account staff for each component of this contract must be available to the Department staff by telephone between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday.
6. The Contractor's key staff for this contract must meet with the Department staff once per month or as often as deemed necessary by the Department in Sacramento, or at other sites determined by the State.

E. Approval Procedures

The Contractor must agree to perform the services under the resulting contract utilizing the following procedures. The Contractor shall be notified by the Department of each project that is to be undertaken within the performance of Scope of Work. Under the direction of (or upon request by) the Department's Contract Manager, the Contractor will develop a work plan for each project including any project to be provided in whole or in part by a subcontractor. **NOTE: Proposers are NOT to include or consider community-based programs as subcontractors for purposes of this requirement.** The work plan will include at a minimum the following:

1. A detailed description of the services and/or deliverables to be provided in order to complete the project and how it will meet the intended goal of the campaign;
2. Whether any service or deliverables will be provided or produced by a subcontractor;
3. The target population to which the service or deliverable is directed;

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4. A timeline for completion of the service or deliverable with milestones and required approvals identified.
5. A detailed project budget based on the Contractor's cost proposal including, if and where, commissions will be charged;
6. An estimate of ongoing talent costs or expenses to maintain the deliverable; and,
7. A work plan number.

For the purposes of the resulting contract, deliverables shall include but not be limited to the following: video, radio, print, and outdoor advertising, media placement, press packets, pamphlets, posters, educational materials, training activities, incentives, and public relations projects such as press conferences, promotions, and special events.

The Contract Manager will review the Contractor's work plan and may require the Contractor to revise portions or all of the work plan to the satisfaction of the Contract Manager. The Contract Manager and the Contractor shall consult and negotiate in good faith to reach agreement on work plans. Notwithstanding submission of the required information, with supporting documentation, the Contractor shall diligently continue performance of this contract, including matters that are under dispute. If agreement is not reached, the Contractor shall proceed with the work plan as directed by the Contract Manager subject to the disputes clause in the Contractor's Rights and Responsibilities attachment. (Exhibit 6).

The Contract Manager's written approval of the work plan shall constitute the Contractor's authorization to perform projects under the resulting contract. Approved work plans shall automatically and without need for amendment to the contract become part of the contract, and as such the terms and conditions of the contract shall apply to the services performed under these work plans.

The Contract Manager may cancel a work plan in whole or part for any reason and at any time including after it has been approved. Cancellation shall occur if the Department no longer desires the service(s) or deliverable(s) produced as specified in the work plan, because of program changes or lack of funding. The Department will notify the Contractor in writing whenever a work plan has been canceled and will negotiate payment for work completed with the Contractor.

All approvals or disapprovals from the Department shall be in writing. Orders for corrections/revisions may be in writing or verbal as appropriate. If the Department rejects a deliverable or product as unacceptable, the Contractor shall make required corrections within the time frame required by the Contract Manager.

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Failure of the Contractor to obtain the Department approval of deliverables or products shall not relieve the Contractor of performing the related contract responsibilities and providing related required deliverables or products to the Department.

The Contractor must build sufficient lead time into production and workload schedules to allow for several layers of the Department approvals that may be required for Campaign materials. It is anticipated that the Contractor will incorporate flexibility when planning timelines in order to allow for the degree of approvals and revisions that are required by the Department. Routine approvals require a minimum of 20 working days from receipt of a final product. It should be noted that in the initial phase of Medi-Cal/Healthy Families Campaign Education and Outreach where there are mandated launch dates, the Department will expedite approvals to meet those time frames.

F. Nondisclosure of the Department Plans

The Contractor must use its best efforts to assure that the details of the advertising campaigns are not disclosed to persons or organizations other than the personnel, agents, or subcontractors of the Contractor whose assistance in the production of the advertising is necessary, until the Department approves of such disclosure and announces same.

G. Public Officials and Candidates

The Contractor and its subcontractors shall not feature the image or voice of any elected public official or candidate for public office, nor shall the Contractor and its subcontractors directly represent the views of any elected public official or candidate for public office, in any works generated by this contract.

H. News Releases and Publicity

The Contractor shall not issue any news release or make any statement to the news media regarding the operational procedures of this contract, the meetings or decisions related to this contract, or to the status of work relating to this contract without prior written approval of the Department.

I. Release of Work Products

1. A Contractor shall not release or disclose to persons, other than contractor personnel, agents, subcontractors, attorneys, prospective production vendors, photographers, illustrators, artist representatives, talent agents, talent, television and radio stations, television and radio networks, agency's law firms, and other companies or individuals who are to be directly involved in development,

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production, distribution, or broadcast of works, as necessary for development, production, distribution, and anticipated broadcast drafts or works in progress created, produced, or developed pursuant to this contract, including, but not limited to, copy, scripts, audio tapes, and video tapes of print and broadcast advertisements.

The Contractor shall employ reasonable procedures to protect these works from unauthorized use and disclosure. The State retains the right to approve any procedures employed by the Contractor to comply with this provision.

2. Except as provided in paragraph I.1 above and I.3. below, the Contractor shall not release or disclose to other persons any work products created, produced, or developed pursuant to this contract, including, but not limited to, rough or "as produced" scripts of radio and/or television commercials, reprints of magazine or newspaper advertisements, and reprints of outdoor advertising, prior to the Department's approval of the final work product. The State retains the right to approve any procedures employed by the Contractor to comply with this provision.
3. Producers, directors, and talent, e.g., actors and musicians, may be provided one copy of a commercial, photograph, or print advertisement which they produce or in which they appear, provided by the Contractor, prior to initial release of the applicable advertisement. Producers, directors, and talent directly involved in production of an advertisement pursuant to this contract shall not furnish or deliver, in whole or in part, to anyone other than the Contractor or the State, any tape, film, storyboard, or script used in the production of the commercial, or allow anyone, other than the Contractor or the State, to view or inspect, in whole or in part, the commercial or such other material, or otherwise disclose, in whole or in part, to anyone other than the Contractor or the State, the contents of the commercial or such other material, except as required by the Contractor's standard licensing, production, performer, and director agreements.

J. Production of Advertisements

The Contractor shall not begin production of any media advertisement pursuant to this contract without obtaining prior approval of the print copy of broadcast script from the Contract Manager of his/her designee.

K. Campaign Advisory Committee

At the discretion of the Department, an advisory committee composed of health professionals, CBO staff, experts in the field, and others, may be formed to provide technical assistance and guidance to the Contractor. The Contractor will be required to

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work cooperatively with the advisory committee, under the direction of Department staff, and to incorporate the recommendations and directions of the advisory committee into the campaign as deemed appropriate by the Department.

VIII. Proposer Qualifications

The Department is seeking a contract with either a single firm or a consortium which has demonstrated experience in targeted outreach through social/health marketing. The Department intends to award a contract to an entity which will serve as prime contractor, or, if a consortium, to the entity designated by the consortium to act on its behalf. In such an event, the consortium-identified entity will serve as the prime contractor for this contract and will be accountable to the Department for the fulfillment of the contract terms.

The following are the qualifications and requirements that each proposer must possess by the proposal submission deadline. Proposers must document these qualifications (see Sec. X, Format and Required Content of Proposal Section) and requirements in the Proposer Capability Section of their proposal.

A. Due to the comprehensive nature of this outreach campaign, the acquisition of additional expertise, through a team of subcontractors, is encouraged, subject to Departmental approval. Whether through agency employees or subcontractors, proposers must demonstrate appropriate cultural competency. This should be documented by describing experience in performing successful outreach with low-income, ethnically, and linguistically, and geographically diverse communities and working in partnership with community-based programs/organizations to develop and implement outreach programs.

~~B. The following are the qualifications and requirements that each proposer must possess by the proposal submission deadline. Proposers must document these qualifications (see the Format and Required Content of Proposal Section) and requirements in the Proposer Capability Section of their proposal.~~

A. Each proposer and its team must have the required expertise to design and implement a strategic campaign for reaching the primary and secondary target audiences and the capability to assume responsibility for an ongoing campaign. Each proposer must have a minimum of three years' experience in advertising (i.e., marketing, public relations, and media buying on a statewide level) and three years of expertise in developing and implementing multilingual, multicultural outreach and education campaigns. Each proposer must provide documentation of at least \$6 million annually in gross billings (1994-1996) from its California-based office that would service this contract. In the situation of a consortium, the \$6 million requirement may be met by the firm identified by the consortium to act as the prime contractor and up to three additional subcontractors. Each proposer must

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demonstrate the capacity through past experience and resources to undertake a statewide campaign of this magnitude.

~~CB.~~ Each proposer must demonstrate proven ability through past experience to utilize a range of communication approaches (e.g., strategic use of paid advertising, pro bono media, and development of cooperative promotions with various public and private organizations). Each proposer must describe the specific qualifications/characteristics of the proposing agency which make it capable of achieving such approach results.

~~DE.~~ Each proposer must show through past experience that they possess exceptional collaboration and communication skills with their clients. This is critical to the success of the initial phase of the Healthy Families Outreach Campaign. The success of the campaign will be enhanced by an open, collaborative process among state and contractor staff and advisors. In addition, the proposer must prove its capability and willingness to establish effective and ongoing relationships with departmental and community review committees.

~~ED.~~ The proposer must have a current, fully-functioning California-based office to service this account, and must have been doing business in California for at least three years.

~~FE.~~ Each proposer must demonstrate adequate financial resources to cover payment delays of up to two to three months, particularly during the campaign's start-up period. The proposer must submit, as part of its proposal, a Letter of Confirmation of Credit or Resources from a creditor or financial institution, showing that resources of at least \$3 million are available to the proposer. If borrowing will be required, specific details must be documented. Additionally, at the State's discretion, a ten percent withhold may be applied to each invoice (See XX.C. Payment Provisions page 686).

~~GF.~~ Each proposer must provide evidence of financial stability and document sufficient financial resources necessary to perform all services associated with this contract. This requirement may be fulfilled in several ways:

1. If the proposer is a publicly held corporation:

Financial statements for each of the last three years audited by an independent third-party Certified Public Accountant. All noted exceptions must be explained.

2. If the proposer is a subsidiary of another corporation, the audited financial statements of the proposer, as well as the consolidated financial statements of the parent corporation, shall be submitted.

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3. If the proposer is not a publicly held corporation:
- a. Financial statements for each of the last three years audited by an independent third-party Certified Public Accountant. All noted audit exceptions must be explained.
 - b. If audited statements are not available, the Department will accept statements which have been reviewed by a Certified Public Accountant.
 - c. If neither audited nor reviewed financial statements are prepared, the Department will accept financial statements which have been compiled by the proposer's accounting firm.
 - d. If neither audited, reviewed, nor compiled statements are normally prepared by the agency, the Department will accept financial statements prepared by the proposer's internal accounting department. These statements must be accompanied by a statement signed by the proposer's chief financial officer certifying that the financial statements are current, accurate, and complete. Financial statements must include income statements and balance sheets.
4. To be fully considered by the Department, financial statements must be complete based on final (not draft) reports, and cannot be supported by unreasonably qualified statements.

HG. Each proposer must demonstrate its capability to ensure that broadcast and publicity materials shall only be broadcast, originated, or distributed by entities legally doing business in California.

IH. In the proposal, the proposer must submit a "conflict of interest disclosure statement" that:

- 1. discloses any and all contractual or other relationships with companies involved in the production, distribution or marketing of alcohol and tobacco products.
- 2. discloses any contractual or other relationships with any parent company or subsidiary company of a company involved in the production, distribution or marketing of alcohol and tobacco products.
- 3. discloses whether it or its parent company, if any, or any subsidiary of the proposer is involved in the production, distribution or marketing of alcohol and tobacco products.

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4. discloses any contractual or other relationships that a subcontractor proposed for this contract has with a company involved in the production, distribution or marketing of alcohol and tobacco products.

The conflict of interest statement must identify the nature of the relationships described above and include such information for all of the following:

- officers and directors of the proposer, its parent company or any subsidiary companies of the proposer
- employees of the proposer
- shareholders which hold five (5) percent or more of the proposer's stock, parent company's stock or subsidiaries' stock

The submitted plan for ensuring that these relationships do not adversely affect the State shall include procedures to guard against conflict of interest:

- The proposer shall hold separate any disclosed relationships or any potential conflict of interest relationships that could arise during the life of the contract, including but not limited to such problematic matters as, financial interactions, reporting, sharing of office space, staff interactions, of contractor fulfillment of contract responsibilities.
- Subsequent to the awarding of the contract, the Contractor shall discharge its responsibilities and duties with disinterested skill, zeal, diligence, and guarantee that no Contractor employee, officer, director, consultant or subcontractor will be in a position to exploit that position for private benefit or for other Contractor interests which are or may be in conflict with departmental or State interests.

Failure to comply with the requirements of this section may be grounds for proposal rejection. During the term of the contract, the Contractor must update its disclosure statement and plan when a new disclosable relationship is established or when there is a change in an already disclosed relationship. Such update must be filed with the Department within five working days of the establishment of or change in the disclosable relationship.

The Department intends to avoid any real or apparent conflicts of interest on the part of the Contractor. Hence, the Department reserves the right to, in its sole discretion, determine whether any information received from any

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source indicates the existence of a real or apparent conflict of interest. If a real or apparent conflict is identified, and cannot be resolved to the satisfaction of the Department during the term of the Contract, the conflict may be grounds for termination for default.

If a real or apparent conflict is identified in the proposal, or if incomplete information regarding conflict is submitted, the submitting proposer will be given an opportunity to provide additional information to resolve the conflict. *Proposers deemed ineligible to propose based on the conflict of interest disclosure will have no more than five (5) working days from the date of notification of conflict to provide complete information and a revised plan for protecting the State's interest.*

Should the proposer fail to submit complete or adequate information or be unable to resolve the conflict, the proposal will be deemed nonresponsive and rejected from further consideration.

The Department considers some relationships to be real conflicts of interest that cannot be resolved. Such relationships will be grounds for non-acceptance of a proposal pursuant to this RFP or grounds for contract termination if the conflict arises during the course of the contract. These real conflicts include but are not limited to any and all contractual relationships by both the proposing agency and any of the proposing agency's subcontractors, proposed or otherwise, having responsibility for the strategy, development or media planning for this Campaign and also have a direct and substantial contractual or corporate responsibility to promote, or assist in the promotion of, the use of sale of alcohol or tobacco products for companies involved in, or having a subsidiary or parent company involved in, the production, distribution, or marketing of alcohol or tobacco products.

If the proposing agency's relationship with alcohol or tobacco is restricted to another, separate office from the proposing agency's office that would have responsibility for servicing this account, no conflict will be found, provided that the proposing agency demonstrates that there are no overlapping areas of responsibility or account management for either the Medi-Cal/Healthy Families Education and Outreach Campaign or the tobacco/alcohol account.

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- J.** If the proposer is a subsidiary corporation, the full and prompt performance of all covenants, terms and conditions, and agreements resulting from this RFP for the term of the contract must be guaranteed by the parent corporation. The guaranty must be acceptable to the Department and, at a minimum, meet the following requirements. It must: be made to the Department; be signed by an official authorized to bind the guarantor organization; accept unconditional responsibility for all performance and financial requirements and obligations of the contract; recite that "for good and valuable consideration, receipt of which is hereby acknowledged," the guarantor is making the guaranty; state that the guarantor stipulates that if the contract is ultimately awarded to the subsidiary, that the Department will do so in reliance upon the guaranty.

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1) It is free to enter into and fully perform this agreement; 2) It has secured or will secure all rights and licenses necessary for the production of the work; 3) Neither the Work nor any of the materials contained therein, nor the exercise by either party of the rights granted in this agreement, will infringe upon or violate the rights or interests of any person or entity; 4) It has not granted and shall not grant to any person or entity any right that would or might derogate, encumber or interfere with any of the rights grants to the State in this agreement.

All Works distributed under the terms of this contract and any reproductions of visual works or test of these works shall include a notice of copyright in a place that can be visually perceived either directly or with the aid of a machine or device. This notice should be placed prominently on the Work and set apart from other matter on the page or medium where it appears.

Contractor agrees to indemnify, defend and hold harmless the State and its licensees and assignees, and their officers, directors, employees, agents, representatives, successors, licensees, and assignees from and against all claims, actions, damages, losses, costs and expenses, including reasonable attorney's fees, which any of them may sustain because of the use of the Work and any other materials furnished by the Contractor under this contract, or because of the breach of any of the representations or warranties made in this contract.

The ~~State~~Department owns all property rights, including copyright, to all materials, including underlying data, databases, and database systems, materials developed and produced for the Department under this contract. During the contracting phase of this process the Department will negotiate with the contractor to determine the number of camera-ready and completed versions of each deliverable the Department will receive. It is anticipated that the Department will use these deliverables in future campaigns without further reimbursement to the Contractor.

C. Confidentiality of Proposals

The Department cannot guarantee the confidentiality of information submitted by the proposer. The Department will treat this information as public.

Once an apparent successful proposer is identified, all proposals and all evaluation/scoring sheets shall be regarded as public records under the California Public Records Act (Gov. Code, sec. 6250 et seq.) and shall be subject to review by the public during normal business hours for public inspection and copying, except those portions otherwise statutorily protected (e.g., Gov. Code, sec. 6254(d), Civil Code sec. 4326 et seq., and Evid. Code, sec. 1060).

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X. FORMAT AND REQUIRED CONTENT OF PROPOSAL

Proposers must submit a complete proposal in accordance with the instructions of this RFP. Items in this section indicate the required order and contain a brief description of the required content of the proposal sections. **The proposal, including the cost proposal and budget justification, must be no longer than 60 pages, exclusive of the items listed in Nos. 13 (Cost Proposal/Budget Justification), 14 (Required Forms and Documents), and 15 (Appendix) on pages 48 to 52.~~appendices materials.~~**

Proposers are encouraged to be clear, succinct and concise in preparing proposals. The quality of the proposal, not its volume, determines its competitiveness.

- A. Prepare and submit one original and 12 copies (sets) complete with attachments. No FAXED copies are acceptable.
- B. The format of the proposal should allow at least one inch margins at top, bottom and sides. The proposal should be printed single-sided only, using laser jet; dot matrix printing is unacceptable. A font size of no less than 12 should be used.
- C. All pages must be numbered sequentially, excluding samples, resumes and appendices.
- D. The proposal sets may be bound or clipped with a heavy clasp. The use of loose leaf binders is acceptable.
- E. All RFP forms and attachments which require signatures must be signed, preferably in **blue ink** for inclusion in the original proposal package, unless noted otherwise. Signature stamps are not acceptable. The 12 additional proposal sets may reflect photocopied signatures.
- F. Assemble and arrange each proposal set in the order indicated below. To assist reviewers in their examination of the proposal, the proposer must submit its information in the following order:
 - 1. Include a Cover Letter signed by a person authorized to obligate your organization. If the proposer is a corporation, an official authorized by the Board of Directors to sign on behalf of the Board must sign this cover letter.
 - 2. Include a ~~Proposal~~-Cover Sheet (Attachment ~~15~~) following your cover letter. This sheet will serve as the cover page of your proposal. An official authorized to bind the agency must sign the form.
 - 3. Include a copy of the completed Proposal Certification Checklist

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(Attachment 2). Check off each item and sign the certification statement indicating all proposal requirements are complete and included in each proposal set.

4. Include a Table of Contents, that includes a listing of any appendices materials. The table of contents must display appropriate page numbers for each item listed.
5. Include an Executive Summary of no more than four pages that summarizes: the major strategies you propose utilizing to address the RFP objectives, and how and when you intend to implement them; the proposer's and/or its subcontractor's capabilities and track record performing similar work; the type and qualifications of staff/subcontractors/consultants you propose to utilize; the proposer's plan of how you will integrate the work described in this RFP with your current activities; and, a summary of your proposed costs for this campaign.
6. Include a Proposer Capability section, that includes the following:
 - a) A brief history of the proposer's organization, and its expertise in (1) forming partnerships or subcontracting with community-based programs~~organizations~~ to perform outreach and education, (2) providing payment to community-based programs for services performed, (3) market analysis (strategic and formative research), (4) communications or marketing plans and execution, (5) management and monitoring, and (6) impact evaluation as it applies to a community-based outreach and education and media program of this scope and size. Include the date of establishment and a billing history of actual gross billings of your agency from 1994-1996. Note which accounts are current/alive and those that included/resulted in purchases of California media, or development and distribution of Community-based outreach materials. **Include documentation of annual gross billings as required in Section VIII. A of the Proposer Qualifications Section.**

The proposer must demonstrate its or its intended subcontractor's qualifications and experience for establishing public information services such as toll-free telephone services, translations, cultural competencies, and subcontracting with community-based programs for enrollment and outreach activities. In addition, it must demonstrate its ability to communicate with ethnically, ~~—and~~ linguistically, and geographically diverse communities, emphasizing the ability to form partnerships with CBOs and community-based programs statewide to develop and implement outreach programs, and to manage the large number of contracts anticipated with

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community-based programs. Include a complete, current and dated organizational chart of the organizational unit responsible for the contract. Show relationships of subcontractors or consultants. Place the organizational chart in the Required Forms and Document Section of your proposal.

- b) Evidence of the proposer's ability to handle delayed payment. As specified in Section VIII.E, proposers must include a Letter of Confirmation of Credit/Resources from a creditor/financial institution, confirming that resources of a minimum of \$3 million are available to the proposer, and stating whether borrowing will provide any or all monies necessary to meet initial expenses. **Place the Letter in the Required Forms and Documents section of your proposal.**
- c) A description of the proposer's qualifications to undertake the proposed work. Include a full description of prior or current contracts with similar or parallel purposes of this RFP. Highlight any experience with California State government or other states' government, and with the non-profit, voluntary sector. Particularly point out any work you have undertaken in social/health marketing and community-based outreach to the primary audiences addressed by this RFP. Specifically describe experience in performing successful outreach with ethnically and linguistically diverse communities and working in partnership with community based organizations to develop and implement outreach programs. Highlight projects that utilized alternative marketing approaches such as direct mail, coupons, promotions, or other creative approaches. Provide examples which demonstrate your agency's ability to perform the scope of work described in this RFP. Describe your experience working with local and/or statewide advisory committees. In addition, the proposer or intended contractor must demonstrate ability to conduct research as follows:

Formative Research. The proposer is required to demonstrate its ability or that of its intended subcontractor(s) to conduct focus groups or other qualitative research and apply findings in the design and execution of communication strategies. Examples of how research was used in actual campaigns are required.

Evaluation Research. The proposer is required to demonstrate the ability of its intended subcontractor(s) to assess the impact and results of community-based outreach and education and media activities.

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- d) An adequate indication of any potential, actual, or apparent conflicts of interest with any current client. **Include this conflict of interest disclosure information in this section of the proposal.** Identify any foreseeable or anticipated complications which may be encountered in the transition of activities with the current contractor and indicate how you would minimize and resolve such complications. In the interests of stimulating competition and diverse participation in this procurement process, the Department will attempt to favorably consider reasonable provisions for mitigation of potential conflicts of interest. (See Section VIII, H. of the Proposer Qualifications Section.)
 - e) A copy of the proposer's financial statements for the last three years (refer to Section VIII F. for specific requirements and equivalencies). Explain any audit exceptions. Documentation from which these statements are based must be final and not subject to significant qualifications. **Place this information in the required Forms and Documents Section of your proposal.**
7. Include a Management Plan section. Describe how the efforts of assigned project staff and subcontractors, if any, will be coordinated and monitored. Describe how subcontractor performance will be evaluated and how performance deficiencies or other problems will be rectified. Notwithstanding the use of any subcontractor, the proposer will ultimately be responsible for performance of all terms and conditions of the resulting contract. Describe what internal quality controls, schedules, internal fiscal/accounting controls and budget monitoring procedures will be employed to ensure that deliverables are timely and that fiscal resources are managed responsibly.
- The proposer must demonstrate its ability to manage costs and organization of travel, communication, postage/shipping, and other vendor supplied items that proposer anticipates during fulfillment of contract and any funds to be held for marketing contingencies and contract supervision. The proposer must show methods of regularly (e.g., weekly, bi-weekly, monthly) reporting to clients the status of work projects and budget expenditures. The Department has discretion to adjust the frequency of required reporting over the life of the contract as needed.
8. Include a Facilities section. The proposer is to provide evidence that there is a current fully-functioning California-based office ready to service this account. Describe the office facilities at its disposal, including office support services, such as telephone systems, photocopying capacity, computer hardware, modems, software applications, telefax capability,

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availability of clerical support, shipping services, word processing capability, storage capacity and any other major service capability used in performance of the work.

9. Include a Project Personnel section that includes the following:
- a) A description of the personnel policies and procedures that exist within the proposer's firm to assure that well-qualified and culturally appropriate competent staff are recruited and hired to perform the work.
 - b) A description of how the project will be staffed. Include, at a minimum, the number of staff, position titles, percent of time devoted to the project, job descriptions of staff positions to be used, and salary schedules of project personnel and staff members who will exercise a major administrative, policy or consulting role. Include a description of their prior or current experience in culturally appropriate community outreach and education, media development, advertising, public relations, social marketing, health education, health care service delivery, etc. Identify the person(s) (e.g., Account Supervisor(s)/Manager(s) who will have primary responsibility for coordinating the work activities and regularly communicating with Department staff. Describe the person's experience in managing similar projects and include his/her resume in the Required Forms and Documents section of the proposal. The State reserves the right to approve changes in staffing after a contract is awarded. **Resumes should be placed in the Required Forms and Documents section of the proposal.**
 - c) Identify who on the staff will be responsible for ascertaining and negotiating the Screen Actor's Guild and American Federation of Television and Radio Artists agreements. Identify who on the staff will be responsible for development and oversight of agreements/performance contracts with CBOs for the Medi-Cal/Healthy Families outreach and education campaign.
 - d) Identify by name any subcontractors/specifically qualified consultants the proposer plans to use in addition to regular project staff in the performance of the work, if known at the time of proposal submission, and a description of their expertise relative to the requirements of this RFP, and their proposed availability.
NOTE: Proposers are NOT to include or consider community-based programs as subcontractors for purposes of this requirement. Describe the responsibilities to be assigned to each subcontractor, regardless of whether the subcontractor is identified

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by name or not. The Department reserves the right to approve changes in subcontractor selection. **Include a Letter of Participation from each known subcontractor that specifies the services to be provided and the amount of time spent on the project, etc. in the Required Forms and Documents section of the proposal.**

10. Include a Work Plan section. This section must include a full and complete description and justification of how the proposer plans to carry out the scope of work for each campaign component a) Medi-Cal/Healthy Families, b) BabyCal, and c) Medi-Cal Managed Care and provide the deliverables described in this RFP. (This section should be structured in accordance with Section VII Scope of Work.) The proposed work plan gives the Department an opportunity to study the proposed creative concepts and helps Department staff evaluate how proposers would allocate resources to various community education and outreach activities, marketing techniques, schedule various projects, and distribute the workload among the proposer's staff/consultants. The work plan must specify what the proposer is offering to do for the amount specified in the cost proposal section.

Include in your work plan for each campaign component a linkage of the creative strategies to the program's Toll-Free Telephone Number. For the Medi-Cal/Healthy Families Campaign, describe your proposed approach to subcontracting with community-based programs to e-establishment and implementation the community outreach component; for the BabyCal Campaign, of a CBO component for Medi-Cal/Healthy Families, maintenance of BabyCal CBO distribution of outreach materials, ongoing sponsorship (or public relations), and other required program elements described earlier in the RFP. **Include a proposed timetable by month for all of the major activities/work steps you plan to undertake.**

11. Include a Calendar of Deliverables. Address all major deliverables for all campaign components and their time frames as required by Section VII. of this RFP.
12. Include a list of three Client References in which projects of a similar scope or nature were performed. Use Attachment 37, Client Reference Form, for this purpose. **Place this form in the required Forms and Documents section of your proposal.**
13. Include a Cost Proposal/Budget Justification Section for each campaign a) Medi-Cal/Healthy Families, b) BabyCal and c) Medi-Cal Managed Care . A *sample* format is provided in this section for this purpose. The proposer must use the format shown in the sample to prepare your cost information.

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No erasures are permitted in cost proposals. Errors, if any, must be crossed out and corrections must be printed preferably in **blue ink** or typewritten adjacent to the error. Corrections must be initialed preferably in **blue ink** by the person signing the cost proposal.

The Department will not evaluate cost proposals for this RFP based on low bid. Proposers are to propose total budgets of not greater than \$5.2 million for the initial phase of the Campaign, February 1, 1998 through June 30, 1998; \$2~~7~~6.1 million for fiscal year July 1, 1998 through June 30, 1999; \$2~~8~~7.6 million for fiscal year July 1, 1999 through June 30, 2000 and \$2~~8~~7.6 million for fiscal year July 1, 2000 through June 30, 2001. The Department intends to evaluate cost proposals based on the highest value it can buy for the full amount of funds allocated to this project; the cost proposal must support an optimum marketing/PR/outreach program at an optimum price. In evaluating the cost proposal, the Department will evaluate relative weights for each budget component against the proposed activities, strategies, staffing, and anticipated available resources. Because the Department will include the scoring of the cost proposal within the technical proposal score, it is critical that proposers provide a detailed budgetary breakdown showing how the cost proposal amounts were arrived at for each of the cost categories shown in the sample with adequate justifications for each. Include a narrative description of a) how these costs were arrived at; and b) the committed or anticipated pro bono services and their projected value to the campaign. This should include hourly rates, commissions, and fees, specifying the prime contractor's costs and the subcontractors' costs. The intent is that the proposer demonstrates that the price is appropriate and realistic for the proposed scope of work.

Note:

For the Medi-Cal/Healthy Families Outreach and Education Campaign, for the current fiscal year (FY 1997/98), 40 percent of the budget will be allocated to contracting with community-based programs to perform client outreach, education and enrollment assistance. - For all other fiscal years, 60 percent of the budget will be allocated to contracting with community-based programs to perform client outreach, education and enrollment assistance. The Contractor will pay community-based programs for successful Medi-Cal and Healthy Families enrollments. Proposers should identify in their cost ~~Certain portions of the Medi-Cal/Healthy Families Outreach and Education Campaign are not commission-based, such as the CBO component.~~

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proposals that portion of the 60 percent allocation to be directed to administrative costs and that portion to be directed to community-based program payments.

Proposers are not to include the cost of equipment in their proposed budgets. The State will not reimburse any equipment expenses.

Proposers must include the cost of travel in their proposed budgets.

Any reimbursement to the contractor for necessary travel and per diem for individuals shall conform to the conditions and current payment practices in effect for State represented employees under collective bargaining agreements currently in effect (see Exhibit A-C, and Exhibit 4).

A detailed budgetary breakdown for four fiscal periods (i.e., February 1, 1998 - June 30, 1998, July 1, 1998 - June 30, 1999, July 1, 1999 - June 30, 2000, and July 1, 2000 - June 30, 2001) is required for each campaign component and must include the cost categories shown below. Also include a narrative description of the use of pro bono media in each campaign.

The Department reserves the right to negotiate fees, rates, and commissions for ensuing contract periods that are commensurate with initial contract period fees, rates, and commissions with reasonable provisions for cost of living adjustments.

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Component:
(Check one)

☐ Medi-Cal/
Healthy Families

☐ BabyCal

☐ Managed Care

COST PROPOSAL
MEDI-CAL/HEALTHY FAMILIES OUTREACH AND EDUCATION
Fiscal Year _____

Cost Categories	Out-of-Pocket Reimbursement Expenses	Hourly Rates, Commissions and Fees	Total Costs	Value of Pro Bono Services
Advertising Production				
Media Buying or Placement				
Research/Evaluation				
Public Relations		SAMPLE		
<u>BabyCal</u> Community Outreach and Enrollment				
<u>Medi-Cal/Healthy Families Outreach</u> a) <u>Administrative</u> b) <u>Community-based program enrollment</u>				
Collateral Items (storage, printing, etc.)				
Travel (within California only)				
Other Costs (Specify)				

Total Pro Bono
Services \$ _____

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Grand Total Budget

\$ _____

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14. Include a Required Forms/Documents section. The following forms and/or documents are to be completed and inserted in to this section of each proposal set. Include these items in the order they are listed on Attachment 2 below:

- ~~#1~~ ~~Three (3)~~ Client Reference Forms
- ~~#2~~ Authorization to Bind Corporation (if a Corporation).
- ~~#3~~ Vendor Data Record Form
- ~~#4~~ Drug-Free Workplace Certification
- ~~#5~~ Nondiscrimination Compliance Statement
- ~~#6~~ Certificate of Independent Price Determination
- ~~#7~~ Agency~~Proposer~~ Information Sheet

Include these documents in the order below (no forms provided):

- ~~#1~~ Include a copy of the proposer's past 3 years financial statements (see Section VIII F. for alternative documentation requirements). Explain all noted audit exceptions.
- ~~#2~~ Letter of Confirmation of Credit/Resources or Non-borrowing Statement.
- ~~#3~~ ~~_____~~ Resumes of Key Project Personnel/Key Consultants (See Section X.F.9b.d for instructions).
- ~~#4~~ Letter of Participation from subcontractors.
- ~~#5~~ Organization Chart of proposer. This should be a complete, current, and dated organization chart of the organizational unit responsible for the contract. The relationships of subcontractors or consultants should be indicated (see Section X, 7 for instructions).

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15. Include an Appendix Section. Include creative marketing samples as described below of both prior and proposed work from the office that would service the Department's account or by the personnel to be assigned to this account. These samples should reflect the proposer's ability to reach and motivate a targeted audience and include proposed creative samples which will communicate our messages to the targeted audiences. Samples must have been produced within the last three years.
- a. Submit 3 TV spots and 3 radio spots on one ½" VHS cassette tape. These 6 spots must have been produced and broadcast. (Radio spots may be submitted separately on audio cassette tape.)
 - b. Submit 5 samples of various education and outreach materials. These may include Video News Releases (VNR), radio news releases (RNR), speakers bureau materials, press kits, brochures, opinion editorials, direct mail marketing, research, promotional items/materials or any other press, outreach and education, or public relations materials.
 - c. Submit 2 additional items that you believe illustrate your unique marketing approaches.
 - d. Submit 3 (8½" x 11") storyboard representations for the Medi-Cal/Healthy Families Outreach and Education Campaign that reflect proposed strategies discussed in your work plan for Section VII.A. and described in Section XVI.C., Creative Samples.
 - e. Submit 2 case histories or examples of community outreach and education efforts that you have conducted in the past to identify and assist individuals in need of health and social services, or related programs, within their communities.
 - f. Submit 32 examples of forming partnerships or subcontracting with community-based programs ~~CBOs~~ that proposer has entered into in the past that are applicable to the scope of work described on pages 14-21 of the RFP.

For each of these items, list the marketing objective, the target market, the creative strategy, and the creative team indicating the persons who worked on the project that would be assigned to the Department's account.

XI. PROPOSAL SUBMISSION INSTRUCTIONS

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- A. The Proposal sets (original and 12 copies) must be assembled together, sealed and placed in one package. (However, if sample materials of your creative work are oversized, oddsized or otherwise awkward to place in the packaging of the technical proposal, package them separately, but label both the works and packages carefully so it is clear they are the proposer's materials submitted in response to this RFP's requirements.) It may be necessary to label the packages "1 of 3", "2 of 3", etc. It is the proposer's responsibility to ensure identity of packaging.
- B. Proposals may be mailed or hand delivered to OMCP, but regardless of postmark must be received no later than **3:00 p.m. on Friday, December 19, 1997.** The Department will not accept or receive any proposals delivered after this date or to an alternate location. There are no exceptions to this requirement.
- C. The proposal package must be labeled and submitted under sealed cover as follows:

Request For Proposal 97-11933
Department of Health Services
Mr. Michael J. Neff, Chief
Office of Medi-Cal Procurement
700 North Tenth Street, Suite 102
Sacramento, CA 95814

Proposers are cautioned that our internal Departmental processing of U.S. mail can add up to 5 days to the delivery time of mail within the Department.

XII. PROOF OF RECEIPT

OMCP will provide a receipt showing the date and time of submission for each proposal. The Department's receipt is the only acceptable proof of timely delivery of a proposal. Upon delivery of a proposal, proposers whose proposals are hand delivered will receive a receipt at that time. Proposers whose proposals are received through the mail will have receipts mailed. Receipts will be date and time stamped showing when the proposal was received.

XIII. AUTHORITY TO VERIFY PROPOSER'S INFORMATION

Proposers agree that by submitting a proposal they authorize the Department to verify any or all claimed information and to verify any references named in their proposal.

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XIV. ALTERATIONS AND MODIFICATIONS TO PROPOSALS

All proposals must be complete with cost information when submitted. No changes, modifications, corrections or additions may be made once they are filed with the Department. However, prior to 3:00 p.m., on Friday, December 19, 1997, a proposal may be withdrawn in its entirety and resubmitted in accordance with the withdrawal procedures in Section XV.

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C. Stage 2 - Proposal Evaluation and Scoring (Possible Points = 120)

Proposer's Qualifications, Cost Proposal and Budget Justification 60 Possible Points 50 Percent

<u>PROPOSAL CRITERIA</u>	<u>POSSIBLE SCORE</u>	<u>TOTAL POSSIBLE POINTS</u>	<u>PERCENT</u>
Proposer's Background, Administrative and Fiscal Capability	0-4 points	20 points	16.66
Project Personnel	0-4 points	20 points	16.66
Cost Proposal and Budget Justification	0-4 points	20 points	16.66

Project Work Plan and Creative Samples 60 Possible Points 50 Percent

<u>PROPOSAL CRITERIA</u>	<u>POSSIBLE SCORE</u>	<u>TOTAL POSSIBLE POINTS</u>	<u>PERCENT</u>
Work Plan/Scope of Work	0-4 points	0-45 points	37.5
Creative Samples	0-4 points	0-15 points	12.5

Total Points Possible 120 Points 100 Percent

- Proposals which meet the format requirements, qualifications, and contain the required forms and documents, as evidenced by passing the Proposal Certification Checklist evaluation, or Stage 1 review, will be submitted to an Evaluation Committee which shall assign a numeric score to each proposal. Each proposal that reaches Stage 2 will be reviewed and scored based upon the adequacy and thoroughness of its response to the Department's needs and the RFP requirements.
- Two weighted criteria have been defined for scoring proposals in Stage 2. These criteria and their weights are shown in terms of the maximum number of points that may be received for a maximum total of 120 points.

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3. The point scoring process involves the following steps:
- a) Initial recommendation for the scoring of proposals will be made by evaluators assigned to each criterion.
 - b) If more than one evaluator reviews a proposal, all recommended scores for that proposal will be consolidated into one recommended score for each criterion area.
 - c) Team scores will be submitted to the Chief, OMCP for review. The Chief, OMCP may require further action by the team or may recommend modification of y-the ~~recommended~~-score to the Evaluation Committee in the event an evaluator's scoring clearly deviates from the scoring of other evaluators and cannot be substantiated or justified.
 - d) The recommended score will be submitted to the Evaluation Committee. Final scores for each proposal will then be determined by the Evaluation Committee.
 - e) The Evaluation Committee may seek the advice and comments from the Department or Agency staff regarding any policy matters and proposal scoring.
4. The scoring system is as follows:
- a) Fail

If the proposer fails to submit any information in response to the submission requirements, or the proposal is otherwise non-responsive, or not properly authorized, then the score assigned will be a 0.
 - b) Inadequate

If the proposal sections have qualified or ambiguous responses, or evidence of a complete lack of understanding and inability to perform, the score of 1 will be assigned.
 - c) Marginal

If the proposal contains most of the required information under the evaluation criteria but is, in part, non-responsive, not properly authorized, has some qualified or ambiguous responses, or evidences a partial lack of understanding and inability to fully perform the requirements, the response will be determined marginal and a score of 2 will be assigned.

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Weight: 0.20

4. Extent to which public relations and sponsorship activities are identified that will enhance and expand the Campaign message and demonstrate the potential for appropriate selection of promotional opportunities.

Weight: 0.10

5. Extent to which research tools used to evaluate the campaign's effectiveness with each audience segment (e.g., specific ethnic, age, languages) are described; extent to which an evaluation component that is adequate to capture the impact of the individual campaign components as described in the scope of work.

Weight: 0.15

6. Extent to which judicious purchase of air time and print space is demonstrated.

Weight: 0.10

Creative Samples - (15 points)

A score of up to 15 points may be earned based on the extent that the proposer's demonstrated level of creativity and advertising experience ensures Campaign strategies are original, impactful, memorable and motivational to the target audience, and that creative materials demonstrate cultural sensitivity and competency and reflect social marketing skills. **Reviewers will consider the following:**

1. Prior Samples:

- Extent to which the prior creative samples are persuasive, clear and innovative in capturing the attention of the public or the media.
- Extent to which the creative materials are clear and understandable in approach with visuals and text that work well together and are relevant to the message being presented; extent to which prior creative work reflect relevance to the work being sought in the RFP.

Weight: 0.50

2. New samples related to the RFP:

- Extent to which the agency produced advertising that is appropriately

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focused for the new Medi-Cal/Healthy Families Outreach and Education Campaign component (described in Section VII, A and Section X, F.15,d.) and acceptable to the Department.

- Extent to which the creative materials demonstrate cultural competency and sensitivity to targeted audiences.
- Extent to which the materials reflect social marketing skills (addresses attitudes and behaviors beyond product selling).

Weight: 0.250

D. Stage 3 - Oral Interviews - (50 points)

It is anticipated that the three highest scoring proposers may be asked to participate in an oral presentation as the final step of the proposal evaluation process. The Department may adjust the number of finalists for any reason, including tied proposal scores. The following information regarding the oral presentation component is included to help proposers to begin organizing their ideas.

If conducted, this interview will be mandatory and will be held on approximately January 147, 1998 between the hours of 9:00 a.m. and 5:00 p.m. in Sacramento (specific location to be announced). Selected proposers must be available for an oral presentation at their assigned time. The entire oral presentation may not exceed three hours.

The proposer's account management, creative people, and key subcontractors who would work directly on this Campaign must play a major role in the presentation.

NOTE: Proposers are NOT to include or consider community-based programs as subcontractors for purposes of this requirement.

If selected for an oral interview, each finalist will be supplied the rating criteria and ~~with~~ the type of questions likely to be asked during the oral interview no later than January 7, 1998 ~~at least ten days prior to the interview~~. Written responses to these questions are not necessary; having a sampling of possible questions ahead of time is only for the purpose of helping the finalists prepare their verbal responses during the presentation.

In addition, each finalist will select one PR/media campaign situation they anticipate for the new Medi-Cal/Healthy Families Outreach and Education Campaign that will be launched in May 1998. The finalists are to suggest a strategy to accomplish the key elements of this hypothetical situation. Presentations on the situation should be no longer than 60 minutes and should

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include a vignette, story board, etc., and address the issues listed below:

1. The overall marketing objective.
2. Key facts from market research and/or other analysis considered during development of the strategies and campaign.
3. Problems and opportunities anticipated in the development and implementation of the community-based program, media strategies and creative for this campaign.
4. Creative positioning/strategy development process and rationale.
5. Appropriate creative and preliminary execution samples.
6. Media selection, weight level, and timing rationale.
7. Coordination efforts with community-based programs to outreach, educate and assist families to apply and enroll in children's health care coverage programs.
8. Public relations strategies.
9. Evaluation methods that assess the impact of the strategy/campaign.

E. Final Selection - Maximum Possible Points = 170 points

The points for the oral presentation, if held, will be combined with the points for the proposal. A proposal may earn a maximum of 170 points. The contract will be awarded to the proposal with the highest combined score.

Proposal	120 points
Oral interview	<u>50 points</u>
	170 points

Should two or more finalists tie with the highest total points, the proposal with the highest oral presentation points will be considered more favorably.

F. Rejection of all Proposals

Issuance of this RFP in no way constitutes a commitment by the Department to award a contract. The Department reserves the right to reject any or all proposals or portions of proposals received in response to this RFP, or to cancel at any time this RFP if it is in the best interest of the Department to do so.

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G. Contract Award

Award of the contract will be to the responsive proposer earning the highest combined final score. In the event the contract is not entered into with the proposer with the highest score or a contract is entered into, but later terminated, the Department may enter into a contract with the available proposer with a proposal that next most closely meets the requirements specified in this RFP by having the next highest score in the evaluation process for performance of remaining contract work.

H. Notice of Intent to Award

The resulting contract shall be awarded only after a "Notice of Intent to Award" has been sent by the Department to all proposers. The notice will be FAXED (mailed copy to follow) to all proposers notifying them of the identity of the winning proposer. The anticipated date of this Notice is January 23, 1998.

All proposals, evaluation materials, scoring sheets and supporting material supplied by proposers, subject to the limitations described earlier relative to disposition and ownership of proposals, shall be made available for public inspection on the day Notice of Intent is FAXED.

XVII. APPEAL POLICY AND PROCEDURES

- A. Any proposer that submits a timely proposal may file a first and brief "Notice of Intent to Appeal." Such notices must be received within two working days after the Department's "Notice of Intent to Award," has been FAXED to each timely Proposer. For expediency, file appeals by hand delivery directly to address below. Appellants will receive a written receipt from the Department in accordance with Section XII.
- B. Within three days after the Department's receipt of the Notice of Intent to Appeal, the Department must receive from the appellant ~~shall submit~~ a full and complete written statement specifying the grounds for appeal.
- C. Appeals must state the reasons, law, rule, regulation or practice that the proposer believes has been improperly applied in regard to the evaluation or awarding of the contract.
- D. Appeals are limited to applicable grounds documented in the Public Contract Code, Section 10378.

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- E. Label Initial Notices of Intent to Appeal and detailed appeals as follows:

DELIVERY ADDRESS

Appeal to RFP 97-11933

Department of Health Services

~~Contract Management Unit~~ Office of Medi-Cal Procurement

Attention: ~~Ms. Jayna Querin~~ Michael J. Neff, Chief

~~1800 Third Street, Room 455~~ 700 North Tenth Street, Suite 102

Sacramento, CA 95814

- F. The Department will notify all proposers of any filed Notice of Intent to Appeal via FAX (mailed copy to follow) within three working days of issuance of the Intent to Award.
- G. The Department reserves the right to award the contract when all appeals are resolved, withdrawn or responded to satisfactorily.

XVIII. MISCELLANEOUS RFP INFORMATION

- A. The issuance of this RFP in no way constitutes a commitment by the Department to award a contract. The Department reserves the right to reject any or all proposals or to cancel this RFP at anytime if it is in the best interests of the Department to do so.
- B. An entity may propose using subcontractors for the performance of work. This does not limit the Department's right to approve the selection of subcontractors.
- C. The Department may, after contract award, amend the resulting contract throughout the term of the contract to best meet the needs of all parties.
- D. The Department will not be obligated to maintain the proposal in the condition submitted, nor liable for lost or damaged proposals or portions thereof.

At the Department election, and at the expense of the proposer, the Department may return the proposal to the proposer.

- E. The Department may issue addenda, which may add to or change the provisions of this RFP, if necessary. Prior to the Proposers' Conference, a Any addenda will be sent to all persons and/or entities, ~~prior to the Proposers' Conference,~~ who were sent copies of the RFP. Thereafter, addenda will be sent to those entities and individuals and/or who submitted a Letter of Intent/Interest.

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XIX. PROPOSED CONTRACT TERMS, CONDITIONS, AND EXHIBITS

Following the evaluation and selection process, if a proposer is selected to be awarded the contract, a final contract will be prepared between the selected applicant and Department, based upon the applicant's proposal, program needs and requirements, and state and federal laws.

The resulting contract will incorporate by reference this RFP, published addenda (if any), and the successful proposer's response to this RFP. The contents of the proposal of the successful proposer will become contractual obligations of the proposer. In the case of any inconsistency or conflict between the specific provisions of the contract, RFP, addenda, and proposer's proposal, such inconsistency or conflict will be resolved by first giving preference to the specific provisions of the contract, then to the RFP and addenda, and then to the proposer's proposal.

The successful proposer shall enter into a contract with the Department no later than 10 State working days after the proposer is notified of the award of the contract.

State contract forms and exhibits are identified below. The contract resulting from this RFP may include, but not be limited to, the following:

Exhibit Name

1. Standard Agreement, Std. 2 (Exhibit 1)
2. Additional Provisions, Exhibit A(C) and A(F) (Exhibit 2)
3. Federal Contract Funds Exhibit (Exhibit 3)
4. ~~Short-Term~~DPA Travel Reimbursement ~~Information~~Rates (Exhibit 4)
5. Department of Health Services' Rights and Responsibilities (Exhibit 5)
6. Contractor Rights and Responsibilities (Exhibit 6)

It is suggested that proposers carefully review these exhibits, which are located in the "Exhibits" section of this RFP, for any impact on your proposal and/or to determine if your agency will be able to comply with the stated terms and conditions, as little or no deviation from their contents will be allowed.

The sample contract provisions illustrate some of the terms and conditions that may appear in the final contract between the Department and the selected proposer.

Additional terms will be addressed in the final contract between the Department and the

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selected Contractor.

XX. PAYMENT PROVISIONS

- A. The Contractor shall be reimbursed for tasks it performs based on the sole costs specified in its proposal and negotiated with the Department. Payment shall be made in arrears, after approval of the contractor's performance and work product. Invoicing may be on a monthly basis or over longer time periods at the contractor's discretion. Payment may be withheld for work not performed, or unsatisfactorily performed, or if the contractor substantially fails in meeting the performance requirements negotiated with the State as set forth in the resulting contract. The Department will notify the contractor in writing of any payment retention.
- B. At the Department's discretion, not less than 10 percent of the contract amount may be withheld from each invoice submitted for reimbursement, under the following conditions: a) for services and costs associated with contractor and/or subcontractor performance that is considered to be of an ongoing nature or performed continuously throughout the term of the contract; b) for individual services associated with a specific contract deliverable that has not yet been received or completed in its entirety; c) for individual and/or distinct tasks, work plans, or project activities that have not yet been completed in their entirety. Ten percent payment withholds shall not be applied to reimbursements or periodic payment requests for direct costs associated with media buys, operating expense items and other procurement not directly associated with the contractor's personal performance.
- C. If payment withholds are applied, progress payments may not exceed 90 percent of the contract amount, regardless of the contract length. The 10 percent withhold or balance due to the contractor shall be released to the contractor on completion of all of the contract terms in a manner acceptable to the Department. An invoice for the withheld amount must be processed through the Accounting Office of the Department.
- D. Payment by the Department shall be made to the Contractor within fifty (50) calendar days after the ~~postmark~~-date of the receipt of the invoice submitted by the Contractor unless an invoice is disputed. The Department Contract Manager or designee will notify the Contractor within 15 days of receipt of the invoice whenever the full amount of the invoice will not be paid and either provide an explanation for any adjustments or indicate that additional evidence of the validity of the invoice is required. If the invoice is corrected, payments shall be made within fifty (50) calendar days from receipt of the corrected invoice.
- E. Upon approval of work plans for broadcast production activities, the Contract

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Manager may authorize payment for certain substantial out-of-pocket expenses incurred by the Contractor for pre-production activities. Upon submission of invoices, after costs are incurred for these pre-production activities, the Contract Manager may authorize this payment to be received upon commencement of work with any remaining expenses to be paid upon completion of broadcast production and submission of invoices. For purposes of this contract, substantial out-of-pocket expenses shall mean only those expenses incurred from broadcast production activities.

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ATTACHMENT #2

Proposer's Name _____

PROPOSAL CERTIFICATION CHECKLIST

Use this checklist to make certain your proposal package is complete. Organize your proposal in the same order as the proposal checklist. Clearly identify each section. Make certain it matches your proposal's Table of Contents. Return this checklist with your proposal.

_____ One original and 12 copies of all application materials.

1. _____ Cover Letter from your agency
2. _____ ~~proposal~~ Cover Sheet
3. _____ Proposal Certification Checklist
4. _____ Table of Contents
5. _____ Executive Summary
6. _____ Proposer Capability
7. _____ Management Plan
8. _____ Facilities
9. _____ Project Personnel
10. _____ Workplan/Scope of Work
11. _____ Calendar of Deliverables
12. _____ ~~Cost Proposal and Budget Justification~~ Client References Forms
13. _____ ~~Required Forms and Documents~~ Cost Proposal and Budget Justification
14. _____ ~~Client References Forms~~ Required Forms and Documents
 - _____ Authorization to Bind Corporation
 - _____ Affirmative Action Sheet
 - _____ Vendor Data Record Form
 - _____ Drug-Free Workplace Certification
 - _____ Nondiscrimination compliance Statement
 - _____ Certificate of Independent Cost Determination
 - _____ Target Area Contract Performance (if declared)
 - _____ Small Business Preference Certification (if declared)
 - _____ ~~Agency/Proposer~~ Information Sheet
 - _____ Proposer's past 3 years (1994-1996) financial statements
 - _____ Letter of confirmation of credit/resources or non-borrowing statement
 - _____ Resumes of key project personnel/key consultants
 - _____ Letter(s) of participation from subcontractors
- 14.5. _____ Organization Chart
145. _____ Appendix Section
 - _____ Samples of prior and proposed creative work
 - _____ CBO Case History

I hereby certify that all the above required elements of my proposal, including the attachments and other appendices material, are attached and in the above order.

Proposer's Signature _____

_____ Date

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ATTACHMENT 4

AUTHORIZATION TO BIND CORPORATION

The Board of Directors of the _____

in a duly executed meeting held on _____ and

where a quorum was present resolved to authorize:

Name: _____

Title: _____

to sign and negotiate the Medi-Cal/Healthy Families Outreach and Education BabyCal Outreach Campaign proposal and any contract that may result. |

In addition, we authorize:

Name(s): _____ Title: _____

_____ Title: _____

to sign monthly invoices.

The undersigned hereby affirms that the statements contained in the proposal are true and complete to the best of the applicant's knowledge and accepts as a condition of a Contract Award, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection.

Board Chairperson: _____
(Signature)

(Date)